

February 8, 2005

Mr. Samuel P. Houston
4765 Coronado Circle
Crestview, FL 32539

Dear Mr. Houston

Certified Mail - Return Receipt Requested



Your status will be changed on or around 03/14/05, from medical leave of absence to administrative termination. This change is for administrative reasons only and will not affect your rights in accordance with article 4.6(d) of the Collective Bargaining Agreement.

In accordance with Article 25.10(d) of the Collective Bargaining Agreement, you are eligible for extended insurance benefits until on or around 09/15/07 by paying the full cost of premiums. Following is a list of your insurance. You may continue all or part of this coverage

Health (N/A):	\$
Vision (Family):	\$ 16.58
Dental (Enhanced Family):	\$ 88.17
Personal Accident (Family - \$300,000):	\$ 11.70
**Basic Employee Life:	\$ 17.46
Accidental Death & Dismemberment:	\$ 0.86
**Optional Employee Life:	\$ 9.70
**Basic Dependent Life:	\$ 1.71
**Optional Dependent Life:	\$ 6.33
TOTAL Monthly Premium:	<u>\$152.51</u>

Please complete the enclosed Employee Continuation Enrollment Form, indicating the coverage you elect to continue or decline, and return to our office as soon as possible. If we do not receive this form back within 10 days, we will assume you do not wish to continue any coverage and your insurance will be cancelled.

*Once you receive a Waiver of Premium, your life insurance benefits continue to the age of 65 (if you remain disabled) whether or not you continue your health insurance benefits.

**If you were under age 60 at the time your leave of absence began, a request for Waiver of Premium has been submitted to Minnesota Life for your life insurance coverage. Upon receipt of an approval letter from Minnesota Life we will notify you by mail, and you will no longer be required to pay your life insurance premiums.

You also have a legal entitlement to continue your medical, dental and vision coverages under COBRA by paying 102% of the above premium costs for 18 months. If you remain disabled at the end of 18 months, you would be eligible for extended COBRA coverage for up to a total of 29 months, assuming disability continues for this period. From the 19th to the 29th month, disability coverage under COBRA costs up to 150% of the full cost of the coverages. If you choose to elect coverage under the CBA instead of COBRA, your COBRA entitlement period will run concurrently with CBA coverage for the length of your COBRA entitlement. If you elect CBA coverage and that coverage ends for any reason prior to the end of your COBRA entitlement, you would be eligible for COBRA coverage for the balance of your COBRA entitlement. You will be provided more detailed information on COBRA under separate cover.

If you have any questions regarding this matter please call 334-503-3428.

Sincerely,

Darlene Sanders
Manager, Human Resources

RCF/pkw

cc: IAM Local 2003
Manager, ATTC
Personnel File

Sam Houston v. L3
Communications
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